

# To: Prospective Applicants for Light Commercial General Permit

Attached is a **Light Commercial General Permit Notice of Intent (NOI) LCF-G**, for a Louisiana Pollutant Discharge Elimination System (LPDES) permit, authorized under EPA's delegated NPDES program under the Clean Water Act. To be considered complete, <u>every item</u> on the form must be addressed and the last page signed by an authorized company agent. If an item does not apply, please enter "NA" (for not applicable) to show that the question was considered.

Three copies (one original and two copies) of your <u>completed</u> NOI, <u>each</u> with a marked U.S.G.S. Quadrangle map or equivalent attached, should be submitted to:

Department of Environmental Quality Office of Environmental Services Post Office Box 4313 Baton Rouge, LA 70821-4313 Attention: Permits Division

Please be advised that completion of this NOI may not fulfill all state, federal, or local requirements for facilities of this size and type.

According to L. R. S. 48:385, any discharge to a state highway ditch, cross ditch, or right-of-way shall require approval from:

Louisiana DOTD
Office of Highways
Post Office Box 94245
Baton Rouge, LA 70804-9245
(225) 379-1301

Louisiana DHH
Office of Public Health
6867 Bluebonnet Road, Box 7
Baton Rouge, LA 70810
(225) 765-5044

In addition, the plans and specifications for sanitary treatment plants must be approved by the Louisiana DHH, Office of Public Health at the address above.

A copy of the LPDES regulations may be obtained from the Department's website at <a href="http://www.deq.state.la.us/planning/regs/index.htm">http://www.deq.state.la.us/planning/regs/index.htm</a> or by contacting the Office of Environmental Assessment, Regulations Development Section, Post Office Box 4314, Baton Rouge, Louisiana 70821-4314, phone (225) 219-3550.

After the review of the NOI, this Office will issue written notification to those applicants who are accepted for coverage under this general permit.

For help or questions regarding completion of this NOI please contact DEQ, Small Business Assistance at 1-800-259-2890.

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	Please check:	Initial Permit
AI		Permit Modification
WP		Permit Renewal
LA		☐ Existing Facility
	AI WP LA	AI WP

# STATE OF LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Environmental Services, Permits Division
Post Office Box 4313
Baton Rouge, La 70821-4313
PHONE#: (225) 219-3181

# LPDES NOTICE OF INTENT TO DISCHARGE WASTEWATER FROM LIGHT COMMERCIAL FACILITIES

(Attach additional pages if needed.)

#### **SECTION I - FACILITY INFORMATION**

A.	<b>Permit is to be issued to the following:</b> (must have operational control over the facility operations - see LAC 33:IX.2501.B and LAC 33:IX.2503.A and B).
1.	Legal Name of Applicant/Owner (Company, Partnership, Corporation, etc.)
	Facility Name
	Mailing Address
	Zip Code:
	If applicant named above is not also the owner, state owner name, phone # and address.
	Please check status:    Federal
2.	Location of facility. Please provide a specific street, road, highway, interstate, and/or River Mile/Bank location of the facility for which the NOI is being submitted.
	City Parish
	Front Gate Coordinates:
	Latitude- deg. min. sec. Longitude- deg. min. sec.
	Method of Coordinate Determination:
	(Quad Map, Previous Permit, website, GPS)
	Is the facility located on Indian Lands?  Yes No

# **SECTION I - FACILITY INFORMATION (cont.)**

3.	Name & Title of Contact Person at Facili	ty		
			e-mail	
	•	l Classification) Code(s): om the U. S. Department of Labor i	internet site at http://www.osha.gov/oshstats/sicser.html	
В.		esponsible representative w	ho completed the NOI:	
	Company			
	Phone	Fax	e-mail	
	Address			
C.	Facility Information.			
1.	Facility Type		(cannery, oil refinery, dairy, etc.)	
	If concentrated animal j	eeding operation or aquatic	animal production facility, complete EPA Form 2B.	
2.	Water Discharge Permit	Revision (if applicable): Des	scribe the requested revision to the existing permit.	
2				
3.	soft; and give breakdow	in gallons per day. List each in as to how each source is us	source giving quality such as fresh, brackish, salt, hased.	rd,
		_		
	-			
4.	amount of oil that violat of, the surface of the was surface of the water or u and 302.4. If this is an o	es applicable water quality stater or adjoining shorelines or apon adjoining shorelines." To all and gas extraction facility of or hazardous substances since	R 110, a Reportable Quantity (RQ) release of oil is "thandards or causes a film or sheen upon, or a discoloration causes a sludge or emulsion to be deposited beneath the RQs for other substances are listed in 40 CFR 117 (SIC codes 1311, 1321, 1381 – 1389, or 2911) has the ce November 16, 1987?	on he
		.U		

# **SECTION I - FACILITY INFORMATION (cont.)**

## D. Facility Operations.

1.	operations in your facility in a comprewater additives. If you are a product those that generate a waste stream? I possible, i.e. a physical measure of t	rehensive fashion. Include a descripter of a product, what steps are taken from a provider of a service, be such a amount of business you do in a d, and how it generates wastewater	ters of the State. Please explain the ption of the composition of any cooling ten to produce that product, especially specific (give quantitative values where an average day, week, or month) about r. Attach extra sheets if space below is ntified in Section II.
2.	Products/Services		
3.	Raw Materials		
4.	(or other measure of operation), a reported in pounds per year, or other may be either the maximum 30-day	easonable measure of the applican applicable units, is necessary. A re average production of the previous For new sources or new discharge	and is expressed in terms of production at's actual production for each product easonable measure of actual production as year, or the monthly average for the es, actual production may be estimated
	Guideline (Citation)	Production	Unit
5.	Zebra Mussels. Describe any treatmincursion.	ent employed or planned at the fa	cility to eliminate/combat zebra mussel
6.	Disposal. List any solid or liquid wadisposal of any solid or fluid wastes		es. Include a description of the ultimate discharge.
	-		

# **SECTION I - FACILITY INFORMATION (cont.)**

E.	Facility History			
A.	Date operations began at this site:			
В.	Is the current operator the original	operator?	Yes	□ No
	If <b>no</b> , give a <u>reverse</u> chronological number (if available), and the date			
	Commons	Dates of	Operation	Talanhana Numban
	Company	From	То	Telephone Number
c.	was there a previous structure on the	e site? What was th	e size of the site?	n. For example, was it undisturbed or
4	If this is new construction, what dat	re did or will the fac	ility he completed	19
	Is this facility located in a designate		Yes	 □ No
	,			
	SECTION 1	II – DISCHAR	GE INFORM	IATION
	<b>Stormwater.</b> Complete the following essary.)	ng for each stormwa	ater discharge. (M	Take additional copies as
1.	Are stormwater discharges covered	by a stormwater Ge	eneral Permit	☐ Yes ☐ No
2. 3.	Stormwater discharge authorization Facilities that obtain coverage unde as defined in LAC 33:IX.2511.B.14 coverage for those stormwater dischalternate, equivalent permit. Unless be, upon authorization of coverage	r the Light Commer (Stormwater Disch narges under the LP) s alternate coverage	arge Associated v DES Multi-Sector is already in plac	with Industrial Activity) must have r General Permit (MSGP) or an e, those stormwater discharges will

authorization under the current MSGP.

В.	Miscellaneous Discharges  Are there any other discharges to the waters of the state such as sanitary wastewaters, hydrostatic wastewaters, once-through non-contact cooling water, washdown water, etc? How are these waters discharged? Describe any treatment associated with each.

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# **SECTION II - DISCHARGE INFORMATION (cont.)**

#### C. Outfall Identification.

Provide a description of all operations contributing wastewater to the effluent for the outfall including process wastewater, sanitary wastewater, cooling water, and stormwater runoff and the average flow contributed by each operation.

Outfall No	Operation Contributing Flow	Treatment Method	Average Flow (gpd)

# **SECTION II - DISCHARGE INFORMATION (cont.)**

D.	discrete dischar prior to dischar combines with treatment test re	rge point beyond rging into a reco other waste streat esults in the units	I which the waste eiving waterbod am(s) before disc asked for on the	fall. Outfalls are discharge por e stream receives no further mi y. An internal outfall is an o charging into an "external" outfall. For proposed facilities, es ity is not in place yet. Make add	xing with other waste streams utfall for a waste stream that all. Please provide your afterstimates should be provided for
	Number of out	falls:			
1.	Outfall No.		-		
2.	. Outfall Location. Provide a description of the physical location for each outfall.				
2	I atituda/I anair	tude of Dischaus			
5.	· ·	tude of Discharg		sec. Longitude- deg.	min sec
				sec. Longitudedeg.	<del></del>
	Wichiod of Coo	ramate Betermin	<u></u>	(Quad Map, Previous Perm	nit, website, GPS)
<ol> <li>If a new discharge, when do you expect to begin discharging?</li> <li>Indicate how the wastewater reaches state waters (named water bodies). This will usually be either <i>directly</i>, <i>open ditch</i> (if it is a highway ditch, indicate the highway), or by <i>pipe</i>. Please specifically name all of the mi water bodies that your wastewater will travel through on the way to a major water body. This information can obtained from U.S.G.S. Quadrangle Maps. Include river mile of discharge point if available.</li> </ol>				will usually be either <i>directly</i> , by becifically name all of the minor er body. This information can be	
	Ву			(efflu	ent pipe, ditch, etc.);
	thence into			(paris	sh drainage ditch, canal, etc.);
	thence into			(name	ed bayou, creek, stream, etc.);
6.	thence into Except storm v following table	water, if any of	the applicant's of	(lake,discharges are intermittent or	, river, etc.). seasonal, please complete the
	Freque	ency of Flow (av	rerage)	Flow Ra	te (mgd)
	Number of Mo/Year	Number of Days/Week	Number of Hours/Day	Long Term Avg.	Daily Maximum
7.	Treatment Me	thod. Please be	specific.		

#### SECTION III – LABORATORY ANALYSIS

**A. Lab Analysis.** Make additional copies as necessary. Sampling and analytical protocols must conform to the requirements in LAC 33:IX.Chapters 25 and 65, and 40 CFR Part 136; when no analytical method is approved, the applicant may use any suitable method but must provide a description of the method. For storm water discharges, indicate date & duration of storm event sampled, total inches of precipitation, and number of hours since the end of the previous storm event that was greater than 0.1 inches.

Complete this section for each outfall. Complete this section for each pollutant, unless the applicant demonstrates a waiver for that pollutant is appropriate.

	Number of Outfalls:		
1.	Outfall Number:	Description:	

	Effluent Analysis			
Pollutant	Concentration (mg/l)		Mass (lbs/day)	
Tondan	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
BOD <sub>5</sub>				
COD				
TOC				
Oil and Grease				
Ammonia (as N)				
Total Nitrogen (stormwater only)				
Total Phosphorus (stormwater only)				
Total Residual Chlorine (if chlorine used)				
Total Suspended Solids				
Fecal Coliforms (cols/100ml) (if present)				
	Daily Maximum	Monthly Average Maximum*	Monthly Average Minimum	Method of Measure
Flow (GPD)				
Winter Temperature (EC)				
Summer Temperature (EC)				
	Minimum	Maximum		
Discharge Duration (hrs/day)				
pH (SU)				

\* Within the previous two years. (The maximum monthly average value is the highest value of all the monthly averages over the previous two years. The minimum monthly average value is the lowest value of the monthly averages over the previous two years.)

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#### SECTION III – LABORATORY ANALYSIS (cont.)

- **B.** List pollutants and report data for any of the following pollutants that you believe will be present <u>or</u> are limited directly by an effluent limitation guideline <u>or</u> indirectly through limitations on an indicator pollutant.
- 1. <u>Conventional and Non-Conventional Pollutants:</u> Bromide, Chlorine (total residual), Color, Fecal Coliform, Fluoride, Nitrate-Nitrite, Nitrogen (total organic), Total Phosphorus, Radioactivity, Sulfate, Sulfide, Sulfite, Surfactants, and;
- 2. Toxic Pollutants: Asbestos, and;
- 3. <u>Hazardous Substances:</u> 2, 2-Di-chloropro-pionic acid, 2, 4, 5-T (2, 4, 5-trichlorophenoxy acetic acid), 2, 4, 5-TP [2-(2, 4, 5-trichloro-phenoxy)propionic acid], 2, 4-D (2, 4-Di-chlorophenoxy acetic acid), Acetaldehyde, Allyl alcohol, Allyl chloride, Amyl acetate, Aniline, Benzonitrile, Benzyl chloride, Butyl acetate, Butylamine, Captan, Carbaryl, Carbofuran, Carbon disulfide, Chlorpyrifos, Coumaphos, Cresol, Crotonaldehyde, Cyclohexane, Diazinon, Dicamba, Dichlobenil, Dichlone, Dichlorvos, Diethyl amine, Dimethyl amine, Dinitrobenzene, Diquat, Disulfoton, Diuron, Dodecyl-benzenesulfo-nate, Dodecylbenzene-sulfonate, Epichloro-hydrin, Ethion, Ethylene diamine, Ethylene dibromide, Formaldehyde, Furfural, Guthion, Isoprene, Isopropanola-mine, Kelthane, Kepone, Malathion, Mercapto-dimethur, Methoxychlor, Methyl mercaptan, Methyl methacrylate, Methyl parathion, Mevinphos, Mexacarbate, Monoethyl amine, Monomethyl amine, Naled, Naphthenic acid, Nitrotoluene, Parathion, Phenolsulfanate, Phosgene, Propargite, Propylene oxide, Pyrethrins, Quinoline, Resorcinol, Strontium, Strychnine, Styrene, TDE (tetrachloro-rodiphenylethane), Trichlorofon, Triethanolamine, Triethylamine, Trimethylamine, Uranium, Vanadium, Vinyl Acetate, Xylene, Xylenol, Zirconium, and;
- 4. Any of the pollutants listed under Section III as Volatile Organic Chemicals, Acid Extractable Organic Chemicals, Base/Neutral Extractable Organic Chemicals, Pesticides, Metals, and Additional Metals

14101415			
<u>Pollutant</u>	Daily Average (unit)	Daily Maximum (unit)	Basis of Estimate

<b>C.</b> 1.	<b>New Source Dischargers, discharging process wastewater.</b> Complete the following items: Engineering Report. Are there any technical evaluations concerning your wastewater treatment system, including engineering reports or pilot plant studies?
2.	Similar Operations. Provide the name and location of any existing plant(s) which, to the best of your knowledge, resembles this facility with respect to processes, wastewater constituents, or wastewater treatment.

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#### SECTION III - LABORATORY ANALYSIS (cont.)

#### D. Industrial Category.

For certain categories of industries, each outfall for which coverage under this permit is being sought must be evaluated for the presence of particular pollutants which have in the past been associated with process wastewaters for those industries. If your facility operations are included in one or more of the primary industry categories listed below,

#### **AND**

if you are applying for permit coverage for discharges which you have determined have the reasonable potential to contain any of the pollutants in the groups listed for your category on the following pages (pgs 12-16), you must report quantitative test data for that (those) pollutant(s). On the industry category list on the following page, potential pollutant groups are indicated for each category by an " $\mathbf{x}$ ". If you determine that quantitative test data are required, circle your industry category on page 10/11 and report the quantitative data on a separate sheet for each discharge outfall.

# ALL APPLICANTS (check one): Processes at this facility do not belong to any of the listed industry categories. Processes at this facility are described by at least one of the listed industry categories. Based on my evaluation of discharges, a reasonable potential exists as described above. I have marked my industry category type and attached quantitative data for each outfall which has the potential to discharge the pollutant(s). Processes at this facility are described by at least one of the listed industry categories. I have evaluated the discharge(s) for which coverage is being sought under this permit, and determined that a reasonable potential does <u>not</u> exist for pollutants for my industry category to be present in the discharge(s).

Primary Industry Category	Volatile	Acid	Base/Neutra	Pesticide/PCB'
Adhesives and Sealant	X	×	×	
Aluminum Forming	X	×	×	
Auto and Other Laundries	X	×	×	×
Battery Manufacturing	×		×	
Coal Mining				
Coil Coating	X	×	×	
Copper Forming	X	×	×	
Electrical and Electronic Components	X	×	×	×
Electroplating	X	×	×	
Explosives Manufacturing		×	×	
Foundries	×	×	×	
Gum and Wood Chemicals				
Inorganic Chemicals Manufacturing	X	×	×	
Iron and Steel Manufacturing	X	×	×	
Leather Tanning and Finishing	X	×	×	
Mechanical Products Manufacturing	X	×	×	
Nonferrous Metals Manufacturing	X	×	×	×
Ore Mining		×		
Organic Chemicals Manufacturing	X	×	×	×
Paint and Ink Formulation	×	×	×	
Pesticides	X	×	×	×
Petroleum Refining	×			

# SECTION III – LABORATORY ANALYSIS (cont.)

Primary Industry Category	Volatile	Acid	Base/Neutra	Pesticide/PCB'	
Pharmaceutical Preparations	X	×	×		
Photographic Equipment and Supplies					
Plastics Processing	×				
Plastic and Synthetic Materials Manufacturing	×	×	×	×	
Porcelain Enameling					
Printing and Publishing	×	×	×	×	
Pulp and Paper Mills					
Rubber Processing	×	×	×		
Soap and Detergent Manufacturing	×	×	×		
Steam Electric Power Plants	×	×			
Textile Mills	×	×	×		
Timber Products Processing	×	×	×	×	
IF NONE OF YOUR PROCESSES BELONG IN ANY OF THE ABOVE CATEGORIES, SKIP TO E. BELOW					

Number of industrial category outfalls:

SECTION III – LABORATORY ANALYSIS (cont.)						
Outfall Number:		Effluent				
Pollutant		MQL* (Φg/l)	Concentration (mg/l)		Mass (lbs/day)	
	2 0.1444	$(\Phi g/l)$	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
Volatile Organic	Chemicals – EPA Metho	od 624 sugge	ested			
acrolein		50				
acrylonitrile		50				
benzene		10				
bromoform		10				
carbon tetrachlori	de	10				
chlorobenzene		50				
chlorodibromome	thane	10				
chloroethane		10				
2-chloroethylviny	l ether	50				
chloroform		10				
dichlorobromome	thane	10				
1,1-dichloroethan	e	10				
1,2-dichloroethan	e	10				
1,1-dichloroethyle	ene	10				
1,2-dichloropropa	nne	10				

#### **SECTION III – LABORATORY ANALYSIS (cont.)** Outfall Number: Effluent Concentration Mass (lbs/day) MQL\* (mg/l)Pollutant $(\Phi g/l)$ Monthly Daily Monthly Daily Maximum Average Maximum Average 1,3-Dichloropropylene 10 10 ethylbenzene 50 methyl bromide methyl chloride 50 methylene chloride 20 1,1,2,2-tetrachloroethane 10 tetrachloroethylene 10 toluene 10 1,2-trans-dichloroethylene 10 1,1,1-trichloroethane 10 1,1,2-trichloroethane 10 trichloroethene (trichloroethylene) 10 10 vinyl chloride (chloroethylene) Acid Extractable Organic Chemicals - EPA Method 625 suggested 2-chlorophenol 10 10 3-chlorophenol 4-chlorophenol 10 2,3-dichlorophenol 10 10 2,4-dichlorophenol 2,5-dichlorophenol 10 2,6-dichlorophenol 10 3,4-dichlorophenol 10 2,4-dimethylphenol 10 50 2,4-dinitrophenol 2-methyl 4,6-dinitrophenol (4,6-dinitro-50 o-cresol) 2-nitrophenol 20 4-nitrophenol 50 4-chloro-3-methylphenol 10 (p-chloro-m-cresol) pentachlorophenol 50 phenol 10 10 2,4,6-trichlorophenol

SECTION III – LABORATORY ANALYSIS (cont.)					
Outfall Number:	Effluent				
Pollutant	MQL* (\Phig/l)	Concentration (mg/l)		Mass (lbs/day)	
		Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
Base/Neutral Extractable Organic Chemic		Method 625 su	ggested		1
acenaphthene	10				
acenaphthylene	10				
anthracene	10				
benzidine	50				
benzo(a)anthracene	10				
benzo(a)pyrene	10				
3,4-benzo fluoranthene	10				
benzo(ghi)perylene	20				
benzo(k)fluoranthene	10				
bis(2-chloroethoxy)methane	10				
bis(2-chloroethyl)ether	10				
bis(2-chloroisopropyl)ether	10				
bis(2-ethylhexyl)phthalate	10				
4-bromophenyl phenyl ether	10				
butylbenzyl phthalate	10				
2-chloronaphthalene	10				
4-chlorophenyl phenyl ether	10				
chrysene	10				
dibenzo(a,h)anthracene	20				
1,2-dichlorobenzene	10				
1,3-dichlorobenzene	10				
1,4-dichlorobenzene	10				
3,3'-dichlorobenzidine	50				
diethyl phthalate	10				
dimethyl phthalate	10				
di-n-butyl phthalate	10				
2,4-dinitrotoluene	10				
2,6-dinitrotoluene	10				
di-n-octyl phthalate	10				
1,2-diphenylhydrazine (as azobenzene)	20				
fluoranthene	10				

#### **SECTION III – LABORATORY ANALYSIS (cont.)** Outfall Number: Effluent Concentration Mass (lbs/day) MQL\* (mg/l)Pollutant $(\Phi g/l)$ Monthly Daily Monthly Daily Maximum Average Maximum Average fluorene 10 hexachlorobenzene 10 hexachlorobutadiene 10 hexachlorocyclopentadiene 10 hexachloroethane 20 indeno(1,2,3-cd)pyrene 20 10 isophorone naphthalene 10 10 nitrobenzene N-nitrosodimethylamine 50 N-nitrosodi-n-propylamine 20 N-nitrosodiphenylamine 20 10 phenanthrene 10 pyrene 1.2.4-trichlorobenzene 10 Pesticides & PCB's - EPA Method 608 required aldrin 0.05 Aroclor 1016 (PCB-1016) 1.0 Aroclor 1221 (PCB-1221) 1.0 Aroclor 1232 (PCB-1232) 1.0 Aroclor 1242 (PCB-1242) 1.0 Aroclor 1248 (PCB-1248) 1.0 Aroclor 1254 (PCB-1254) 1.0 Aroclor 1260 (PCB-1260) 1.0 alpha-BHC 0.05 beta-BHC 0.05 delta-BHC 0.05 gamma-BHC 0.05 chlordane 0.2 4.4'DDT 0.1 0.1 4,4'DDE 4,4'DDD 0.1

#### SECTION III – LABORATORY ANALYSIS (cont.) Outfall Number: Effluent Concentration Mass (lbs/day) MQL\* (mg/l)Pollutant $(\Phi g/l)$ Monthly Daily Monthly Daily Average Maximum Average Maximum dieldrin 0.1 alpha-endosulfan 0.1 beta-endosulfan 0.1 endosulfan sulfate 0.1 endrin 0.1 endrin aldehyde 0.1 heptachlor 0.05 heptachlor epoxide 0.05 Toxaphene 5.0 2,4-dichlorophenocyacetic acid (2,4-D) 2-(2,4,5-trichlorophenoxy) propionic ---2,3,7,8-tetrachlorodibenzo-p-dioxin use EPA Method 1613 10 ppq Metals, Cyanide & Total Phenols Antimony, Total 60 Arsenic, Total 10 Beryllium, Total 5 Cadmium, Total 1 Chromium, Total 10 Chromium, Hexavalent 10 Copper, Total 10 Lead, Total 5 Mercury, Total 0.2 5 Nickel, Total [Marine] Nickel, Total [Freshwater] 40 Selenium, Total 5 2 Silver, Total Thallium, Total 10 Zinc, Total 20 Cyanide, Total 20 Cyanide, Free Phenols, Total 5

SECTION III – LABORATORY ANALYSIS (cont.)						
Outfall Number:	Number: Effluent					
Pollutant		$MQL^*$ $(\Phi g/l)$	Concentration (mg/l)		Mass (lbs/day)	
	2 0.1	$(\Phi g/l)$	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
Additional Metals	s if expected to be presen	t Use EPA	A Approved M	ethod		
Aluminum, Total						
Barium, Total						
Boron, Total						
Cobalt, Total						
Iron, Dissolved						
Magnesium, Total						
Manganese, Total						
Molybdenum						
Tin, Total						
Titanium, Total						

<sup>\*</sup> Minimum Quantification Level (MQL).

## **SECTION III – LABORATORY ANALYSIS (cont.)**

<b>Laboratory Accreditation</b> If any of the analysis reported above were performed by a contract lab or consulting firm, provide the firm name, address, phone number and pollutants analyzed.					
Laboratory procedures and analyses performed by commercial laboratories shall be conducted in accordance with the requirements set forth under LAC 33:I.Subpart 3, Chapters 49-55.					
Laboratory data generated by commercial laboratories that are not accredited under LAC 33:I.Subpart 3, Chapters 47-57, will not be accepted by the department. Retesting of analysis will be required by an accredited commercial laboratory.					
Regulations on the Environmental Laboratory Accreditation Program and a list of labs that have applied for accreditation are available on the department website located at:					
http://www.deq.state.la.us/laboratory/index.htm.					
Questions concerning the program may be directed to (225) 765-2405.					
Additional Data					
List any toxic materials that the applicant currently uses or manufactures as an intermediate, feedstock, fina product, or by-product.					
If any toxic or hazardous materials are present onsite, is B.M.P. plan attached? <u>If "no", explain</u>					
List pertinent physical and chemical properties (e.g., toxic components, taste and odor compounds, heavy metals, etc.) that may be associated with the discharge.					

# **SECTION III – LABORATORY ANALYSIS (cont.)**

4.	Toxicity Data. List any bioassay tests conducted on the effluent from the test results.	facility. Provide	a summary of the
Re1	SECTION IV – COMPLIANCE HIST port the history of all violations and enforcement actions for the facility, a		nermit excursions
last not pas in-c	Eluding effluent violations reported on the facility's Discharge Monitoring Rest three years. Using a brief summary, report on the current status of all administratives of violation, cease and desist orders, and any other enforcement actions at 3 years or currently pending. The state administrative authority may choose depth report of violations and compliance actions for the applicant covering a llution at this or any other facility owned or operated by the applicant.  SECTION V – LAC 33.I.1701 REQUIR	istrative orders, on seither already researcher, at its discretion on y law, permit, on	compliance orders, esolved within the a, to require a more
•	-		milar natura to the
Α.	Does the company or owner have federal or state environmental permits ider permit for which you are applying in other states? (This requirement appl corporations, or other entities who own a controlling interest of 50% of participate in the environmental management of the facility for an entity applinterest in the permit.)	ies to all individ r more in your	uals, partnerships, company, or who
	Permits in Louisiana. List Permit Numbers:		
	Permits in other states (list states):		
	☐ No other environmental permits.		
В.	Do you owe any outstanding fees or final penalties to the Department?	Yes	☐ No
	If yes, please explain.		
C.	Is your company a corporation or limited liability company?	Yes	□No
	If yes, attach a copy of your company's Certificate of Registration and/or Certificate of State.	<u> </u>	<del></del>

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#### SECTION V – MAPS/DIAGRAMS

- A. Site Diagram. Attach to this NOI a complete site diagram of your facility demonstrating how the wastewater flows through your facility into each clearly labeled discharge point (including all treatment points). Indicate stormwater flow pattern on this diagram or provide additional diagrams if needed. Please indicate the location of the facility and the front gate or entrance to the facility on the site diagram.
- **B.** Topographic Map. Attach to this NOI a map or a copy of a section of the map which has been highlighted to show the path of your wastewater from your facility to the first named water body. Include on the map the area extending at least one mile beyond your property boundaries. Indicate the outline of the facility, the location of each of its existing and proposed discharge structures, and any existing hazardous waste treatment storage or disposal facilities.

A U.S.G.S. 1:24,000 scale map (7.5' Quadrangle) would be appropriate for this item. Appropriate maps can be obtained from local government agencies such as DOTD or the Office of Public Works. Maps can also be obtained online at www.map.ldeq.org or www.topozone.com. Private map companies can also supply you with these maps. If you cannot locate a map through these sources you can contact the Louisiana Department of Transportation and Development at:

> 1201 Capitol Access Road Baton Rouge, LA 70802 (225) 379-1107 maps@dotd.louisiana.gov

- C. Flow Diagram. Attach a line drawing of the water flow through the facility with a water balance showing operations contributing wastewater to the effluent and treatment units. The water balance must show average and maximum flows at intake and discharge points and between units, including treatment units. If a water balance cannot be determined, the applicant may provide instead a pictorial description of the nature and amount of any sources of water and any collection and treatment measures. Hand drawn maps are acceptable.
- D. Block type water flow diagram for the complete facility including treatment of each discharge.

form 7010 r00 Page 21 of 23 06/07/2004 LCF-G According to the Louisiana Water Quality Regulations, LAC 33:IX.2503.B, the following requirements shall apply to the signatory page in this application:

#### Chapter 25. Permit Application and Special LPDES Program Requirements

- 2503. Signatories to permit applications and reports
  - All permit applications shall be signed as follows:
    - For a corporation by a responsible corporate officer. For the purpose of this Section responsible corporate officer means:
      - (a) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or
      - (b) The manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
    - 2. For a partnership or sole proprietorship - by a general partner or the proprietor, respectively; or
    - For a municipality, parish, State, Federal or other public agency either a principal executive officer 3. or ranking elected official. For the purposes of this Section a principal executive officer of a Federal agency includes:
      - (a) The chief executive officer of the agency, or
      - (c) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA).
  - All reports required by permits, and other information requested by the state administrative authority shall be signed by a person described in LAC 33:IX.2503.A, or by a duly authorized representative of that person. A person is a duly authorized representative only if:
    - 1. The authorization is made in writing by a person described in LAC 33:IX.2503.A.
    - The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as a position of plant manager, operator of a well or well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position); and
    - 3. The written authorization is submitted to the state administrative authority.
  - Changes to authorization. If an authorization under LAC 33:IX.2503.B is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of LAC 33:IX.2503.B must be submitted to the state C. administrative authority prior to or together with any reports, information, or applications to be signed by an authorized representative.
  - Any person signing any document under LAC 33:IX.2503.A or B shall make the following certification: D.
    - "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

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#### SIGNATORY AND AUTHORIZATION

Pursuant to the Water Quality Regulations (specifically LAC 33:IX.2503) promulgated September 1995, the state NOI must be signed by a responsible individual as described in LAC 33:IX.2503 and that person shall make the following certification:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

<u>Signature</u>	
Printed Name	
<u>Title</u>	
Date	
<b>Telephone</b>	

#### **CHECKLIST**

To prevent any unnecessary delay in the processing of your notice of intent to be covered under the general permit, please take a moment and check to be certain that the following items have been addressed and enclosed:

- 1. <u>ALL</u> questions and requested information have been answered (N/A if the question or information was not applicable).
- 2. <u>ALL</u> required maps, drawings, lab analysis, and other reports are enclosed.
- 3. The <u>appropriate</u> person has signed the signatory page.
- 4. Please forward the original and two copies of this NOI and all attachments.

ANY NOI THAT DOES NOT CONTAIN ALL OF THE REQUESTED INFORMATION WILL BE CONSIDERED INCOMPLETE. NOI PROCESSING WILL NOT PROCEED UNTIL ALL REQUESTED INFORMATION HAS BEEN SUBMITTED.

NOTE: UPON RECEIPT AND SUBSEQUENT REVIEW OF THE NOI BY THE PERMITS DIVISION, YOU MAY BE REQUESTED TO FURNISH ADDITIONAL INFORMATION IN ORDER TO COMPLETE THE PROCESSING OF THE PERMIT.

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